



Scott County  
Community Development Agency  
323 South Naumkeag Street  
Shakopee, MN 55379-1652  
Phone: 952.402.9022  
Fax: 952.496.2852

## HOMEBUYERS CLUB GRANT APPLICATION

Organization:   Scott County CDA  

Client ID: \_\_\_\_\_

**Instructions:** Please fill out *completely and legibly*. Incomplete application cannot be reviewed. If you need additional space, please feel free to use the back side or make additional copies as necessary. Once complete, send grant application to **Stacy Gauthier: [sgauthier@scottcda.org](mailto:sgauthier@scottcda.org)**.

Date: \_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_  
(Please print) First MI Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Co-Applicant** (additional adult in the household)

Name: \_\_\_\_\_  
(Please print) First MI Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Buyer: \_\_\_\_\_

Attended Homebuyers Club?  Yes  No

Included in the mortgage?  Yes  No

1. How did you hear about the Homebuyers Club Grant?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Agency / Organization       | <input type="checkbox"/> Newspaper                 | <input type="checkbox"/> Internet     |
| <input type="checkbox"/> Mailer / Flyer / Brochure   | <input type="checkbox"/> Friend / Relative         | <input type="checkbox"/> Realtor      |
| <input type="checkbox"/> Someone who took a workshop | <input type="checkbox"/> Lender / Mortgage company | <input type="checkbox"/> Other: _____ |

2. Have Applicant or Co-Applicant **ever** owned a home?  Yes (complete below)  No

If yes, describe (who, when, etc.) \_\_\_\_\_

Property address: \_\_\_\_\_

3. Have you experienced a home foreclosure, deed-in-lieu, or a short sale?  Yes (complete below)  No.

Date of foreclosure/deed-in-lieu/short sale: \_\_\_\_\_

Property address: \_\_\_\_\_

Reason for hardship: \_\_\_\_\_

Date hardship began: \_\_\_\_\_

Steps taken to overcome hardship: \_\_\_\_\_

**Property Information:**

4. Purchase Property Address: \_\_\_\_\_  
\_\_\_\_\_

5. Purchase Property **Legal** Description: \_\_\_\_\_  
\_\_\_\_\_

6. Type of Property:

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family        | <input type="checkbox"/> Multiplex 2-4 Units |
| <input type="checkbox"/> Townhome/Condominium | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Mobile Home          |  |

7. Purchase Price: \_\_\_\_\_

8. Amount Financed: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

9. Type of Financing:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> City or County | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Conventional   | <input type="checkbox"/> Minnesota Housing    | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> FHA            | Finance Agency                                |   |
| <input type="checkbox"/> FHA (203K)     | <input type="checkbox"/> Rural Development    |   |

10. Closing Date and time: \_\_\_\_\_

***You must inform the CDA in writing immediately if this date changes.***

11. Receiving financial assistance from any other sources?  Yes  No  
If yes, source: \_\_\_\_\_ Amount: \_\_\_\_\_

12. Is seller contributing to your closing costs?  Yes  No If yes, Amount: \_\_\_\_\_

13. Lender Contact (name, company, email, phone): \_\_\_\_\_  
\_\_\_\_\_

14. Realtor Contact (name, company, email, phone): \_\_\_\_\_  
\_\_\_\_\_

15. Title Company Name **and** Address: \_\_\_\_\_  
\_\_\_\_\_

**Household Information (complete for all household members):**

16. Are you currently, or have you in the past, participated in a SCCDA housing program (Section 8, Public Housing, etc.)?

Yes, program: \_\_\_\_\_ Date(s): \_\_\_\_\_

No, I have never participated in other SCCDA housing programs.

17. Number of Household Members 18+: \_\_\_\_\_ Under 18: \_\_\_\_\_

18. Are there any adults (18+) in the household with no income?  Yes  No

If yes, name(s): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

19. Household Income: Please include income for **all** individuals from all sources (*Employment, Benefits, child support, etc.*)

Name	Source of income (Name of employer/job title, employment start date, type of benefit, etc).	Gross Monthly Income (before taxes)	Net Monthly Income (after taxes)
<b>Total Monthly Household Income</b>			
		Gross Annual Income	Net Annual Income
<b>Total Annual Household Income</b>			

20. Please describe your financial goals for the next three to five years and how you plan to achieve these goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please describe the ways in which receiving this grant, if any, will help you achieve your financial goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Are you interested in coming to a future Homebuyers Club to discuss your experiences purchasing a home?

Yes.  No.

**Grant Information**

23. Which Homebuyers Club session did you attend? \_\_\_\_\_

24. Dates of Homebuyers Club session you attended: \_\_\_\_\_

25. Date of Homebuyer Counseling session(s): \_\_\_\_\_

26. Date purchase agreement was first signed: \_\_\_\_\_

27. To complete your application, please attach:

- A Loan Estimate
- A signed Purchase Agreement
- Proof of Income
- Homebuyers Club Certificate
- Homebuyer Counseling Certificate
- Proof of first-time homebuyer status (if you have previously owned a home)
- After closing, a Closing Disclosure must be returned to the SCCDA

By signing below:

**I understand that this application will not be reviewed until it is complete and that once complete, applications can take up to 30 days to process. For this reason, the completed grant application should be submitted more than 30 days before your scheduled closing date.**

**I understand that SCCDA grants are awarded on a first-come, first-serve basis.**

**I agree that all information provided here is accurate and truthful.**

**I agree to notify the Scott County CDA immediately in writing if any information included here changes.**

**I agree to provide the SCCDA with a signed copy of the HUD-1 after closing.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Completed grant applications should be sent to Stacy Gauthier: [sgauthier@scottcda.org](mailto:sgauthier@scottcda.org)***

**FOR OFFICE USE ONLY**

Grant Application is complete:  Yes  No Date complete application was received: \_\_\_\_\_

Eligible grant amount: \_\_\_\_\_

Grant Application:  Approved  Denied. Denial Reason: \_\_\_\_\_

Additional Information: \_\_\_\_\_



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**Homebuyers Club Grant Eligibility Certification**

Please review the Scott County Community Development (SCCDA) grant eligibility criteria and sign below to certify that you meet all grant requirements.

All parties on the loan are first-time homebuyers (as defined by current lending practices).

I have not received a SCCDA first-time homebuyer grant in the past.

I will occupy the home as my primary residence.

I have completed the SCCDA Homebuyers Club (or will complete before closing on my loan).

I have successfully completed Pre-Purchase/Homebuyer Counseling with a certified Homeownership Advisor (or will complete before closing on my loan).

I am able to qualify for my mortgage prior to applying the benefit of the Homebuyers Club Grant. The purchase of this property is not contingent on my receiving a Homebuyers Club Grant.

My household income is at or below the applicable SCCDA grant income limit.

My home purchase price is at or below the applicable SCCDA home purchase price limit.

I am purchasing a home in Scott County, Minnesota.

My loan is fully-amortizing and a fixed-rate.

I will contribute a minimum of \$1000 of my own money to this transaction.

I will submit the Closing Summary after closing to the Scott County CDA.

**Buyer Certification**

By signing below, I certify that I meet all Scott County Community Development Agency (SCCDA) grant eligibility criteria.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lender Certification**

I have reviewed all of Scott County Community Development Agency’s (SCCDA) grant eligibility requirements. To the best of my knowledge, this homebuyer meets all grant eligibility criteria.

Lender Name, Lender Company: \_\_\_\_\_

Lender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization to Release Information**

I/We hereby authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SCCDA, its employees, agents, or assigns (hereinafter collectively referred to as SCCDA) to release/exchange any information or materials requested in order to facilitate my participation in SCCDA’s Homebuyers Club Grant program. I agree that a photocopy of this may also serve as authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_